

On December 7, 2012, HHS published a proposed rule (77 FR 73118) entitled “HHS Notice of Benefit and Payment Parameters for 2014.” This rule proposed a payment approach under which CMS would make monthly advance payments to issuers to cover projected cost-sharing reduction amounts, and then reconcile those advance payments after the end of the benefit year to the actual cost-sharing reduction amounts. The reconciliation process described in the rule would require that QHP issuers provide CMS the amount of cost-sharing paid by each enrollee, as well as the level of cost-sharing that enrollee would have paid under a standard plan without cost-sharing reductions. To determine the amount of cost-sharing an enrollee receiving cost-sharing reductions would have paid under a standard plan, QHP issuers would need to re-adjudicate each claim for these enrollees under a standard plan structure. HHS finalized the proposed notice of benefit and payment parameters for 2014 and this approach on March 11, 2013 (78 FR 15410).

During the comment period to the proposed rule, HHS received numerous comments suggesting that the reporting requirements of the reconciliation process for QHP issuers would be operationally challenging for some issuers. In response to these comments, HHS issued an interim final rule (CMS–9964–IFC) with comment period on March 11, 2013 (78 FR 15541) entitled “Amendments to the HHS Notice of Benefit and Payment Parameters for 2014,” which laid out an alternative approach that QHP issuers may elect to pursue with respect to the reporting requirements. This alternative approach would allow a QHP issuer to estimate the amount of cost-sharing an enrollee receiving cost-sharing reductions would have paid under a standard plan in the Exchange, rather than re-adjudicating each of the enrollee’s claims. This approach is intended to permit a reasonable transitional period in which QHP issuers will be allowed to choose the methodology that best aligns with their operational practices, which should reduce the administrative burden on issuers in the initial years of the Exchanges. The interim final rule describes the estimation methodology in sufficient detail to allow QHP issuers to make an informed decision of which reporting approach to pursue.

Prior to the start of each coverage year, QHP issuers must notify HHS of the methodology it is selecting for the benefit year. QHP issuers will provide information on which option they choose via the Health Insurance

Oversight System (HIOS), a web-based data collection system that is already being used by issuers to provide information for the [healthcare.gov](http://healthcare.gov) Web site. All submissions will be made electronically and no paper submissions are required. The QHP issuer must select the same methodology for all plan variations it offers on the Exchange for a benefit year. Moreover, as the estimated methodology is intended as a transition to the actual methodology, the QHP issuer may not select the estimated methodology if it selected the actual methodology for the prior benefit year. *Form Number:* CMS–10469 (OCN: 0938–NEW); *Frequency:* Annually; *Affected Public:* Private Sector (business or other for-profits); *Number of Respondents:* 1,200; *Total Annual Responses:* 1,200; *Total Annual Hours:* 13,200. (For policy questions regarding this collection contact Chris Weiser at 410–786–0650. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS’ Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by June 11, 2013:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_\_\_\_, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: April 9, 2013.

**Martique Jones,**

*Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2013–08676 Filed 4–11–13; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10463]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges; *Use:* Section 1311(i) of the Affordable Care Act requires Exchanges to establish a Navigator grant program as part of its function to provide consumers with assistance when they need it. Navigators will assist consumers by providing education about and facilitating selection of qualified health plans (QHPs) within Exchanges, as well as other required duties. Section 1311(i) requires that an Exchange operating as of January 1, 2014, must establish a Navigator Program under which it awards grants to eligible individuals or entities who satisfy the requirements to be Exchange Navigators. For Federally-facilitated Exchanges (FFE) and State Partnership Exchanges (SPEs), CMS will be awarding these grants. Navigator awardees must provide quarterly, bi-annual, and an annual progress report to CMS on the activities performed during the grant period and any sub-awardees receiving funds. *Form Number:* CMS–10463 (OMB#: 0938–NEW); *Frequency:* Annually; Quarterly; *Affected Public:* Private sector *Number of Respondents:*

264; *Total Annual Responses*: 1848; *Total Annual Hours*: 308,352. (For policy questions regarding this collection contact Holly Whelan at 301-492-4220. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by June 11, 2013:

1. *Electronically*. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail*. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: CMS-10463/OCN-0938-NEW, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 8, 2013.

**Martique Jones,**

*Deputy Director, Regulations Development Group Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2013-08672 Filed 4-11-13; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Non-Competitive One-Year Extension With Funds for Black Lung/Coal Miner Clinics Program (H37) Current Grantee

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** HRSA will be issuing a non-competitive one-year extension with funds for the Black Lung/Coal Miner Clinics Program awards to the current grantees (included in attached chart), in amounts between \$299,000 and \$1.5 million over the one-year extension project period. The level of support is at the same annual rate that was authorized in fiscal year (FY) 2012. The Black Lung/Coal Miner Clinics Program supports projects that seek to prevent, monitor, and treat pulmonary and respiratory diseases in active and inactive miners. This extension with funds will allow the Office of Rural Health Policy (ORHP) to reassess the priorities and scope of the program. The extension will also allow for greater pre-application technical assistance and opportunity to ensure funding levels can adequately address target population needs in various parts of the country.

**SUPPLEMENTARY INFORMATION:** Grantees of record and intended award amounts are included below.

*Amount of the Award(s):* Each of the current grantees will receive support at the same annual rate that was authorized in FY 2012: between \$299,000 and \$1.5 million.

*CFDA Number:* 93.965.

*Current Project Period:* 7/1/2010 through 6/30/2013.

*Period of Additional Funding:* 7/1/2013 through 6/30/2014.

**Authority:** Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, (30 U.S.C. 937)

*Justification:* HRSA is extending funding for the Black Lung/Coal Miner Clinics Program grants by one year for the following reasons: recent information from the Centers for Disease Control and Prevention, National Institute of Occupational Safety and Health (CDC/NIOSH) indicates that the prevalence of coal workers' pneumoconiosis (CWP), also known as black lung disease, is rising. In fact, a recent study of 2,000 coal miners from Utah to Pennsylvania showed five times as many miners have CWP than ten years ago. Many miners are developing severe CWP before 50 years of age, and there is some evidence that this is being manifested as premature mortality. In addition, data from the U.S. Department of Labor show the number of federal black lung benefits claims has increased, suggesting that the disease is also leading to increased significant, long-term disability.

This extension will allow the ORHP to consult providers, experts, and federal partners to thoroughly reassess the priorities and scope of the current program, while taking into account regulatory requirements. It will also provide an opportunity to ensure funding levels as well as program resources are most effectively coordinated with other federal efforts to address growing target population needs.

#### FOR FURTHER INFORMATION CONTACT:

Nadia Ibrahim, MA, LGSW, Health Resources and Services Administration, Office of Rural Health Policy, 5600 Fishers Lane, Room 5A-05, Rockville, Maryland 20857 or email [nibrahim@hrsa.gov](mailto:nibrahim@hrsa.gov).

Dated: April 4, 2013.

**Mary K. Wakefield,**  
*Administrator.*

#### Attachment

*Intended Recipients*

Organization	Grant number	State	Project start date	Orig. start date	Revised end date	FY10*	FY11**	FY12***
Mountain Comprehensive Health Corporation, Inc.	H37RH00050	KY	7/1/10	6/30/13	6/30/14	\$582,993	\$581,978	\$580,040
Community Health of East Tennessee, Inc	H37RH00052	TN	7/1/10	6/30/13	6/30/14	191,097	190,082	188,144
Shawnee Health Service and Development Corporation.	H37RH00053	IL	7/1/10	6/30/13	6/30/14	872,405	871,390	869,452
Ohio Department of Health .....	H37RH00054	OH	7/1/10	6/30/13	6/30/14	661,909	660,894	658,965
John H. Stroger Hospital of Cook County ..	H37RH00055	IL	7/1/10	6/30/13	6/30/14	301,262	300,247	298,309
Miner's Colfax Medical Center .....	H37RH00057	NM	7/1/10	6/30/13	6/30/14	321,876	320,861	318,923
Northwest Community Action Programs .....	H37RH00058	WY	7/1/10	6/30/13	6/30/14	300,657	299,642	247,931
Altoona Hospital .....	H37RH00064	PA	7/1/10	6/30/13	6/30/14	260,086	259,071	257,133
National Jewish Health .....	H37RH00066	CO	7/1/10	6/30/13	6/30/14	427,000	425,985	424,047
Alveoli Corporation .....	H37RH00067	PA	7/1/10	6/30/13	6/30/14	149,656	148,641	146,703